



MRI/MRA/CT/CTA ORDER

Central Scheduling: 352-671-4300 • Fax: 352-732-8010
 www.raocala.com • webappointments@raocala.com

PATIENT'S NAME _____ DATE OF BIRTH _____ MALE FEMALE
 AUTH#/PRE-CERT#/PRE-NOTIFICATION# _____ PHONE _____
 ORDER DATE _____ APPT. DATE/TIME _____
 SYMPTOMS/DIAGNOSIS/PERTINENT HISTORY _____ ICD10 CODE _____

RAO LOCATION BEING REFERRED:

(Patient instructions and directions on reverse)

- Medical Imaging Center - 1490 SE Magnolia Ext., Ocala, Florida 34471
- Medical Imaging Center at Windsor Oaks - 1901 SE 18th Ave., Bldg. 200, Ocala, Florida 34471
- TimberRidge Imaging Center - 9521 SW Hwy 200, Ocala, Florida 34481 (Inside the Advent Health Emergency Center)
- TimberRidge Imaging Center Heathbrook Pavilion - 3949 SW College Rd, Suite 150, Ocala, FL 34474 (Inside the Advent Health Care Pavilion)

CT	<input type="checkbox"/> Brain	<input type="checkbox"/> CT Scanography for limb-length assessment
	<input type="checkbox"/> Orbits	<input type="checkbox"/> Chest
	<input type="checkbox"/> Mastoids	<input type="checkbox"/> Abdomen Only (diaphragm to crest)
	<input type="checkbox"/> Sinus	<input type="checkbox"/> Pelvis Only
	<input type="checkbox"/> Soft tissue neck	<input type="checkbox"/> Abdomen & Pelvis
	<input type="checkbox"/> C-Spine	<input type="checkbox"/> Adrenals
	<input type="checkbox"/> T-Spine	<input type="checkbox"/> Abdomen & Pelvis / IVP Combo
	<input type="checkbox"/> L-Spine	<input type="checkbox"/> Parathyroid (4D)
	<input type="checkbox"/> Shoulder . . . R <input type="checkbox"/> or L <input type="checkbox"/>	<input type="checkbox"/> Pancreas
	<input type="checkbox"/> Elbow R <input type="checkbox"/> or L <input type="checkbox"/>	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Wrist R <input type="checkbox"/> or L <input type="checkbox"/>	
	<input type="checkbox"/> Hand R <input type="checkbox"/> or L <input type="checkbox"/>	
	<input type="checkbox"/> Pelvis w/o contrast (bone detail for fx)	
	<input type="checkbox"/> Hip R <input type="checkbox"/> or L <input type="checkbox"/>	
	<input type="checkbox"/> Knee R <input type="checkbox"/> or L <input type="checkbox"/>	
	<input type="checkbox"/> Ankle R <input type="checkbox"/> or L <input type="checkbox"/>	
	<input type="checkbox"/> Foot R <input type="checkbox"/> or L <input type="checkbox"/>	
	<input type="checkbox"/> Enterography	

CTA	<input type="checkbox"/> Abdomen/Pelvis
	<input type="checkbox"/> Circle of Willis
	<input type="checkbox"/> Carotid & Circle of Willis
	<input type="checkbox"/> Chest
	<input type="checkbox"/> Renal
	<input type="checkbox"/> Bilateral Leg Runoff
	<input type="checkbox"/> Aorta - Pre-op endovascular repair (no oral contrast) w/ IV
	<input type="checkbox"/> Aorta - Post-op endovascular repair (no oral contrast) w/o and w/IV contrast
	<input type="checkbox"/> CTA Pulmonary Artery for PE
	<input type="checkbox"/> Other _____

MRI	<input type="checkbox"/> Brain	<input type="checkbox"/> Knee R <input type="checkbox"/> or L <input type="checkbox"/>
	<input type="checkbox"/> Brain/LACS	<input type="checkbox"/> Ankle R <input type="checkbox"/> or L <input type="checkbox"/> ankle/hind foot
	<input type="checkbox"/> Brain & Orbits	<input type="checkbox"/> Foot R <input type="checkbox"/> or L <input type="checkbox"/> forefoot/midfoot
	<input type="checkbox"/> Brain/Pituitary	<input type="checkbox"/> MRCP
	<input type="checkbox"/> Face <input type="checkbox"/> Neck	<input type="checkbox"/> Liver
	<input type="checkbox"/> Breast	<input type="checkbox"/> Adrenal
	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Kidney
	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Extremity
	<input type="checkbox"/> Thoracolumbar Junction	<input type="checkbox"/> w/ joint arthrogram
	<input type="checkbox"/> Lumbar	R <input type="checkbox"/> or L <input type="checkbox"/> <input type="checkbox"/> Wrist
	<input type="checkbox"/> Shoulder . . R <input type="checkbox"/> or L <input type="checkbox"/>	R <input type="checkbox"/> or L <input type="checkbox"/> <input type="checkbox"/> Shoulder
	<input type="checkbox"/> Elbow R <input type="checkbox"/> or L <input type="checkbox"/>	R <input type="checkbox"/> or L <input type="checkbox"/> <input type="checkbox"/> Hip
	<input type="checkbox"/> Wrist R <input type="checkbox"/> or L <input type="checkbox"/>	R <input type="checkbox"/> or L <input type="checkbox"/> <input type="checkbox"/> Other
	<input type="checkbox"/> Hand R <input type="checkbox"/> or L <input type="checkbox"/>	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Enterography	
	<input type="checkbox"/> Pelvis (for pain)	
	<input type="checkbox"/> Pelvis (uterus or prostate)	
	<input type="checkbox"/> Hip R <input type="checkbox"/> or L <input type="checkbox"/>	

MRA	<input type="checkbox"/> Circle of Willis w/o contrast
	<input type="checkbox"/> Carotid & Circle of Willis
	<input type="checkbox"/> Thoracic aorta
	<input type="checkbox"/> Abdominal aorta
	<input type="checkbox"/> Abdomen & renal arteries
	<input type="checkbox"/> Abdomen & mesenteric
	<input type="checkbox"/> Aortogram & runoff (aorta to ankles)
	<input type="checkbox"/> Other _____

EMERGENCY PHONE REPORT _____ PHONE # _____ FAX # _____
 HOLD PATIENT _____ CLINICIAN SIGNATURE _____ PRINT NAME _____
 COPIES TO OTHER CLINICIANS _____



PATIENT INFORMATION

For more patient prep information please visit:
www.raocala.com/patient-preps-index

Please bring your **insurance card** and **photo ID**.
 Co-payment is due at time of service.

24-hour notice is *required* for pick-up of
 all imaging records (CDs).

If you cannot keep your appointment,
 prior notice is appreciated.

Please notify the technologist if you are or
 suspect you are pregnant.

MEDICAL IMAGING CENTER



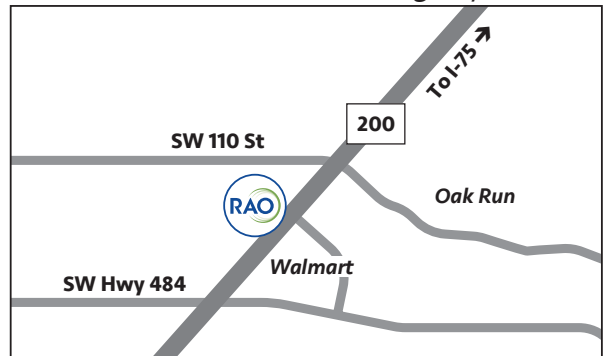
MEDICAL IMAGING CENTER AT WINDSOR OAKS AND THE WOMEN'S IMAGING CENTER

For both centers, enter through Building 200



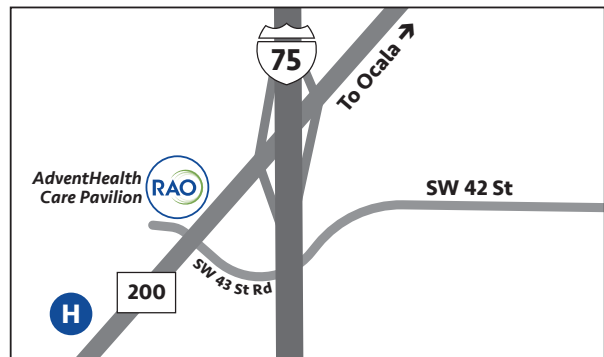
TIMBERRIDGE IMAGING CENTER

Located inside AdventHealth Emergency Center



TIMBERRIDGE IMAGING CENTER HEATHBROOK PAVILION

Located inside AdventHealth Care Pavilion



MRI/MRA EXAMS

It is important that if you are scheduled for an MRI/MRA study, you call our office at 352-671-4220 at least 24-48 hours prior to your exam for pre-screening. Certain surgeries and/or implants can prevent some patients from having an MRI/MRA. Our Patient Services Coordinator will ask you a few questions to ensure an MRI/MRA is appropriate for you.

- Wear no jewelry
- Patients will be asked to change into facility provided scrubs/gowns.
- Patients having MRI/MRA's of the head or neck should not wear makeup.

CT EXAMS

Appointments are recommended, however walk-ins are accepted.

CT's of the abdomen and pelvis usually require a 24-hour prep. CT for acute renal colic does not require any prep or oral contrast. Prep supplies are available for you to pick up at the location where your exam is scheduled. If you have any questions, please call us at 352-671-4300.

MEDICATIONS

All patients may continue to take medication as needed.

CANCELLATIONS

If cancellation is necessary, please call at least 24 hours in advance to cancel your appointment. Your courtesy will allow other patients needing exams to use your appointment time.